

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application of Class E household
goods certificate for Dad Bad moving
LLC.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2021 - 141 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Stephen Taylor SmithTelephone: 803-490-4420Address: 216B Pine St. ext

Fax: _____

Greer, SC 29651

Other: _____

864-416-4441Email: Taylor@DadBadmoving.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAY 21 2021
PSC SC
MAIL/DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 04/19/2021

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1. Dad Bod Moving LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

216 B Pine Street extension Greer, SC 29651
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-490-4420

Phone

N/A

FAX

Taylor@DadBodMoving.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☒ Corporation - List names and addresses of two principal officers.

Stephen T Smith

716 B Pine St ext. 29651

4. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

☐ Yes☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

☐ Yes☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	N/A	Mortgage/Loan on Real Estate	N/A
Value of Motor Vehicles	5,000	Loans Owed on Motor Vehicles	N/A
Cash on Hand	2,500	Business/Other Loans Owed	N/A
Cash in Bank	7,000	Other Liabilities or Debts	N/A
Value of Other Assets and Equipment	5,000	Total Liabilities	N/A
Total Assets	19,500		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 1.50 per mile
 2 men - \$110/hr
 3 men - \$140/hr
 4 men \$180/hr

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)☐ Hazardous Wastes, as defined in R103-210(2)Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford	2003 F150	1FTRW08L93KD54547	4,000
Finalizing Lease Agreement with Enterprise Trucks.			

INSURANCE QUOTEAmended
05/26/2021**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Rad Bod moving LLC
Name of Applicant
216B pine St. Ext Greer, SC 29651
Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 7,543.00

Limits \$750,000

Cargo Insurance \$ ~~500.00~~ 2,000

Limits 25,000

* Attach Certificate of Insurance if available.

Progressive Risk Placement services LLC
Name of Insurance Company
6300 Wilson Mills Rd
Cleveland, Ohio
Home Office Address of Company
2115 Rexford Rd Suite 520 Charlotte NC

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Dad Bud Maving LLC
 Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgments here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Stephen T. Smith
Applicant's Signature

OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Greenville)

SWORN TO BEFORE ME

This 22nd day of April, 2021

[Signature]
Notary Public

Commission Expires 05/31/2024



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

St Dad Bod Moving LLC

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392.395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 2nd day of April, 2021

Notary Public

Commission Expires 05/31/2024

St Dad Bod Moving LLC

Applicant's Signature



Print Application



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Charlotte
Rexford Road Park II
2115 Rexford Road, Suite 520
Charlotte, NC 28211

RPS Contact:
Tyler Then
Underwriter
Phone: 704-264-0100
Fax: 704-365-5817
Email: Tyler_Then@rpsins.com

June 3, 2021

RPS Submission #: 4142602A

Proposal of Insurance

APPLICANT:

Dadbod Moving Cargo
216B Pine St Ext
Greer, SC 29651

COVERAGE:

Motor Truck Cargo

SUBMITTED TO:

Angela Limbaugh
South Carolina Insurance Brokers, Inc.
84 Villa Rd. Suite #200
Greenville, SC 29615
864-240-7387
angela@smartcholicsc.com

RETAIL PRODUCER COMMISSION:

How to order coverage (Retail Agent)

You do not have authority to bind this coverage; we require a written request to bind. You can easily order coverage by completing the fields below and either faxing or emailing this page to the number or address listed at top

REQUESTED EFFECTIVE DATE:

PREMIUM FINANCE COMPANY:

PERSON REQUESTING BINDER:

DATE REQUESTED:

TRIA REJECTED _____ **TRIA ACCEPTED** _____

I have included the following necessary documentation:

<input type="checkbox"/> Completed signed application	<input type="checkbox"/> Completed signed TRIA	<input type="checkbox"/> Loss Runs	Other Bind documents _____ _____
---	--	------------------------------------	---

The coverages described in this quote may not conform to the terms you requested. You are responsible for outlining and explaining to your client the coverages offered, including other options, whether available through RPS or not. The coverage terms attached are not fully described, and no assumption should be made as to the adequacy of coverages offered, as compared to the exposures of your client.

Actual coverage forms are available on request.

Since you are not an agent of the insurer, you cannot bind coverage nor make any commitments on behalf of either the insurer or RPS.



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Charlotte
Rexford Road Park II
2115 Rexford Road, Suite 520
Charlotte, NC 28211

Retail Producer:
Angela Limbaugh
South Carolina Insurance Brokers, Inc.
84 Villa Rd. Suite #200
Greenville, SC 29615
Phone: 864-240-7387
Fax: 864-250-9165
Email: angela@smartchoicesc.com

June 3, 2021

RPS Submission #: 4142602A

PROPOSAL OF INSURANCE

Proposal Information

Insured Name: Dadbod Moving Cargo
Policy Period: 5/28/2021 to 5/28/2022
Insurance Carrier: Underwriters at Lloyd's, London NAIC #: AA1122000
Admitted / Non-Admitted: Non-Admitted
A. M. Best Rating: A XV

- **Retroactive Date (If Claims Made coverage):**
- **This quote is valid for 30 days or until the proposed inception, whichever is later.**

Physical Location

216B Pine St Ext,
Greer, SC 29651

Limits of Insurance

Coverage: Truckers

25,000	Any one truck
25,000	Any one loss
Included	Household Goods Endorsement
	Based on 1 scheduled power unit

Deductible

Deductible	
2,500	Each & every loss

COINSURANCE: %

Rating Information

Premium Summary

Premium **\$2,000.00**

<u>Coverage</u>	<u>Premium</u>
Motor Truck Cargo	\$2,000.00

**MEP % -If varies
from policy MEP**
25

Minimum Earned Premium: 25%

TRIA Status **APPLIES**
TRIA Premium: (optional) **\$100.00**

(All applicable taxes and fees are Fully Earned at binding unless otherwise specified.)

Fees:

Carrier Broker Fee	\$100.00
Broker Fee	\$200.00

Tax State (or home state): SC

SURPLUS LINES TAXES:

TAXES WITHOUT TRIA

Surplus Lines Tax **\$138.00**

TAXES WITH TRIA

Surplus Lines Tax **\$144.00**

TOTAL CHARGES W/O TRIA **\$2,438.00**

TOTAL CHARGES **\$2,544.00**
WITH TRIA

Coverage Notes

After binding, flat cancellation is not permitted. Minimum earned premium provision applies.

The coverage described in this quote may not conform to the terms you requested and may differ from the application submitted. By binding this quote you acknowledge that you are binding the coverage and terms offered within this quote only.

Forms / Endorsements

See carrier quote letter attached

Terms & Conditions

IN ORDER TO BIND COVERAGE, please provide the following additional information. Please note, coverage and premium terms are subject to change or withdrawal pending review and underwriting approval of this additional information:

Binder Issuance is Subject To:

- Subject to a fully completed, signed and dated application at time of binding.
- Subject to fully completed and signed TRIA disclosure at binding
- Subject to driver meeting MS Amlin Driver Guidelines

Household Goods Endorsement: policy excludes cracking, marring and scratching of household furnitures and breakage of glass, tile, china and ceramics

BESSO LIMITED**MOTOR TRUCK CARGO QUOTE SHEET**

ENQUIRY #: NE21199463

AUTHORITY

REFERENCE: NAJH04668120

TYPE: Motor Truck Cargo Insurance

FORM: SLC-3 London Broad Form (15)

INSURED: Dadbod Moving LLC

ADDRESS: 216 B Pine Street Ext.
Greer
South Carolina 29651

PERIOD: 12 Months @ 12.01 am Local Standard Time

INTEREST: All risks of physical loss of &/or damage from an external cause to lawful cargo in &/or on a truck, within the states of USA &/or Canada

LIMITS: USD 25,000 Any one Truck
USD 25,000 Any one Loss**IMPORTANT:** Please ensure that you are familiar with the following wording and endorsements, if not ask for copies. It is essential that the applicant is made aware of all terms and conditions of the coverage.

CONDITIONS: London Broad Form (15)

AMENDMENTS

Amended to delete exclusion a) ii)

INCLUSIONS

BMC-32

Household Goods Endorsement

MS Amlin Driver Criteria 2020

30 Days Cancellation Clause -- NMA 1331- replacing General Condition 18 of Wording

Unattended Truck Endorsement -- Limit USD 25,000

Earned Freight Endorsement -- Limit USD 1,000

Debris Removal Endorsement -- Limit USD 1,000

In Full Premium Endorsement -- 1 Truck(s) as specified on Schedule

Terrorism Exclusion Endorsement -- NMA 2920

U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause -- LMA 5390

OR

U.S. Terrorism Risk Insurance Act of 2002 as amended New & Renewal Business Endorsement -- LMA 5389

War and Civil War Exclusion Clause -- NMA 464

Electronic Data Endorsement B -- NMA 2915

Radioactive Contamination Exclusion Clause -- NMA 1191

Chemical, Biological and Nuclear Explosion, Pollution or Contamination Exclusion Clause -- 2001AML00001

Property Cyber AND Data Exclusion -- LMA5401

Fraudulent Claim Clause -- LMA 5062

Sanction Limitation and Exclusion Clause -- LMA 3100

Law and Jurisdiction Clause

Several Liability Notice - LSW 1001
 Data Protection Short Form Information Notice (Layer 1) - LMA 9151 Amended
 Minimum Earned Premium Clause - LSW 757

Subject to satisfactory Signed & Dated Proposal Form, TRIA Statement and MVR's within 15 days of attachment otherwise 30 days notice of cancellation will be issued

DEDUCTIBLE: USD 2,500 each & every loss

NOTICES:

PREMIUM: USD 2,000 in full for 1 specified units, per annum
 USD 100 calculated @ 5% of above Premium in respect of TRIA
 (25% Minimum Earned Premium)

BESSE FEE: USD 100 (Fully Earned)

**CHOICE OF
 LAW AND**

JURISDICTION: This Insurance shall be governed by the law of South Carolina and the courts of the U.S.A. shall have jurisdiction in any dispute arising hereunder, subject to the provisions of the Service of Suit Clause as follows:-

Service of Suit Clause (USA) - as per form naming:

Lloyd's America, Inc., Attention: Legal Department, 280 Park Avenue, East Tower, 25th Floor,
 New York, NY 10017

US

CLASSIFICATION: Surplus Lines

INFORMATION:-

Gross Receipts:	USD
Cargo Hauled:	Household Goods
Number of Years in Business:	New Venture
Number of Trucks:	1
I.C.C. Docket Number:	MC
Loss History:	N/A

OTHER UNDERWRITING INFO:

SUBJECTIVITY: This quote is open for 30 days commencing from 3rd June 2021 and subject to no losses / changes in underwriting information

Wholesaler: Risk Placement Services (Charlotte)

Schedule of Lloyd's Underwriters

Unique Market Reference: B0595NAJH04668120

42.8572%	AML 2001
19.0476%	MAP 2791
19.0476%	WBC 5886
19.0476%	SAM 0727

Total 100.0000%

DISCLOSURE NOTICE

You should remind and guide your client regarding their duty to make a fair presentation of the risk, together with the potential consequences of breaching this requirement. It is important that you make a fair presentation of the risk to insurers (both before insurance commences and during the life of the policy). You must make a clear disclosure of every relevant material circumstance you know (or ought to); in an accessible manner, and made in good faith. A failure to do this could lead to insurers imposing different terms on your cover, imposing a higher premium, applying a policy reduction to claims or refusing them altogether and/or cancelling your policy from inception. Please see our Terms of Business for more details.

Whilst we have access to a range of providers Besso may provide quotations from this or any other insurer in order to satisfy your requirements. Further details are available on written request to your usual Besso representative.

Our quotation is provided to you through a delegated authority facility underwritten by certain companies at Lloyd's. We perform certain activities on their behalf and in these matters; we act as agents of the insurer. We may receive additional remuneration from Insurers based on the profitability of books of business or usage of certain schemes. Nevertheless, as an independent insurance intermediary we remain the agent of you, our client, and our over-riding duty to you remains paramount. Any potential conflicts of interest are managed by adhering to our conflicts of interest's procedure.

Insurer Contract document to be received within 30 days of inception.

MS AMLIN DRIVER CRITERIA 2020

This insurance shall not indemnify the insured for loss or damage to any automobile otherwise recoverable under this policy unless the automobile is operated by a driver who, at inception of this policy or at the date of hire, whichever is the later:

- i) is aged between twenty three (23) and seventy (70) years inclusive, and
- ii) has no major violations in the past 36 months, and
- iii) has no more than three (3) minor violations in the past 36 months, and
- iv) has no more than one (1) chargeable accident in the past 36 months, and
- v) has held a valid driver license for the power unit involved for at least twenty four (24) months immediately prior to operations for which cover is required under this policy

unless such driver has been accepted in writing by the Underwriters and endorsed on to this policy, with any additional premium paid as required by the Underwriters.

It is a requirement of the policy that the insured shall obtain satisfactory references and Motor Vehicle Records from reliable sources, and keep records thereof in respect of all drivers.

In respect of any unit for which the declared value is USD150,000 or greater items i) and v) above are amended to the following:

- i) is aged between twenty-five (25) years of age and no older than seventy (70) years inclusive.
- v) has held a valid driver license for the power unit involved for at least five (5 years) immediately prior to operations for which cover is required under this policy.

The words major violation(s) shall mean:

- i) DWI, DUI, implied consent, any drug related violation
- ii) Manslaughter or negligent homicide
- iii) Felony involving a motor vehicle,
- iv) Racing,
- v) Hit and Run,
- vi) Reckless driving,
- vii) License suspension for points,
- viii) Driving while license suspended,
- ix) Fleeing/eluding arrest,
- x) Multiple driver licenses not reported to the Underwriters,
- xi) Driving in excess of 100 miles per hour/160 kilometres per hour

that has/have occurred within the three (3) years prior to the inception date of this policy or to the date of hire of the driver, whichever is the later.

The words minor violation(s) shall mean:

Any moving violation(s) other than the major violations listed above, and the following non-moving violations:

- i) Defective brakes,
- ii) Defective equipment,
- iii) Oversize or overweight

that has/have occurred within the three (3) years prior to the inception date of this policy or to the date of hire of the driver, whichever is the later.

MOTOR TRUCK CARGO PROPOSAL FORM

For use with Broad Form (15)

Use space on last page or attach an extra sheet if there is insufficient room for answers

1. Applicant: _____ doing business as: _____
 Company: _____ Year established _____
 Address: _____
 _____ ICC Docket No. MC _____

2. Names, addresses and functions of Associated or Subsidiary Companies to be included:

3. Are Companies: a) Common Carriers [☐] b) Private Carriers [☐]
 c) Contract Carriers [☐] d) Owner of cargo [☐] e) Other [☐] (Please give details at end of form)
 If you contract on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept.
 Also please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

4. a) Please give details of any operations carried out other than that of a carrier _____
 b) Do you subcontract to other parties? _____ If so on long term (30 day+) leases or other basis? (give details) _____
 c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them? _____ If so, do you maintain copies of their current insurance arrangements on file? _____

5. Please give gross receipts in respect of your trucking operations for past 5 years:-

YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

6. The following interests are excluded under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap or ingot form, furs, alcohol, liquor, beer, wine, garments (*defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like*), seafood unless canned, and electronics (*defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics*).

Page 1 of 4

This Proposal Form together with the Broad Form 15 wording can be downloaded from the internet at
<http://www.willloydamerica.com> > "Reference Library" section, then "Forms"

November 1998 FWH/735

MOTOR TRUCK CARGO PROPOSAL FORM

For use with Broad Form (15)

7. Form of cover required: Broad Form [] incl Reefer Breakdown ? []
Named Peril Form []

8. List by category and percentage of the total loads shipped:

[illegible]

9. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles _____? or off vehicles _____?
If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced yard locked at night?	24 hour watchman?	Alarmed Building?	Sprinklered Building?	Max. value exposed?

10. Limits required: a) \$ _____ a.o.vehicle	If Limit for 10b) is in addition to 10c), specify overall loss limit needed \$ _____
b) \$ _____ a.o.loss (vehicle accumulation)	
c) \$ _____ a.o.terminal (off vehicles)	

Do you ever carry loads valued greater than the cargo insurance limit requested? Yes / No

11. Give details of any steps taken to secure vehicles whenever left unoccupied.

12. Give details of any I.C.C. or State / Provincial cargo filings required:

MOTOR TRUCK CARGO PROPOSAL FORM

For use with Broad Form (15)

Percentage of hauls by distance: 1-250 miles [] 251-1000 miles [] 1001+ miles []

13. Please give details of the number of vehicles for which cargo cover is required:

Tractor Units		Reefer Trailers 10 yrs old or less	
Straight trucks		Reefer Trailers more than 10 yrs old	
Reefer trucks		Flat bed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

1		6	
2		7	
3		8	
4		9	
5		10	

15. Please give driver details:

Total no. of drivers		No. of full time employee drivers	
No. under 25 yrs old		No. of drivers on long term (30d+) lease	
No. over 60 yrs old		No. of two person driver teams	

16. Please give details of checking procedures maintained for employing new drivers: _____

17. What are the criteria you use to determine whether to fire existing drivers? _____

18. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form basis, FROM 1st DOLLAR / NO DEDUCTIBLE

Year	Paid	Outstanding	What happened?

Page 8 of 4

This Proposal Form together with the Broad Form 15 wording can be downloaded from the internet at <http://www.lloydsamerica.com> > "Reference Library" section, then "Forms"

November 1998 FW12/735

MOTOR TRUCK CARGO PROPOSAL FORM

For use with Broad Form (15)

19. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 3 years:			
Year	Total amount paid	Total amount outstanding	

20. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?: _____ If so please give details: _____

21. Please give details of your existing cargo insurance:

Carrier		Existing deductible	
Renewal offered?		Existing limit	
Existing rate		Expiry date	

22. Date from which insurance cover is required: _____

23. I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Signed _____ **Dated** _____

Position _____

Continued from question : _____

MOTOR TRUCK CARGO PROPOSAL FORM

For use with Broad Form (15)

<p>_____</p> <p>_____</p> <p>_____</p>	
--	--

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <u>100</u> .
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

☐ Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

Policy Number

Date

LMA9184

09 January 2020

SPARTAN INSURANCE
521 ANDERSON ST
GREENVILLE, SC 29601



Underwritten by:
Progressive Northern Insurance Co
April 22, 2021
Policy Period: Apr 22, 2021 - Apr 22, 2022
Page 1 of 3
Customer Phone number: 1- - -

DAD BOD MOVING LLC
216B PINE ST EXT
GREER, SC 29651

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy Information

Business: Movers/Moving Operations

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$8,412.00
Paid in full discount	-911.00
Policy premium if paid in full	\$7,501.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$8,412.00	\$1,403.95	9 payments of \$705.81 and 1 of \$705.76
10 Payments, 20.0% Down	\$8,412.00	\$1,684.00	8 payments of \$752.56 and 1 of \$752.52
6 Pay, Seasonal, 20.0% Down	\$8,412.00	\$1,684.00	5 payments of \$1,350.60
10 Payments, 25.0% Down	\$8,412.00	\$2,104.50	8 payments of \$705.84 and 1 of \$705.78
4 Pay, Seasonal, 25.0% Down	\$8,412.00	\$2,104.50	3 payments of \$2,107.50
2 Payments, 50.0% Down	\$8,412.00	\$4,207.00	1 payments of \$4,210.00

Make payments by mail or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$7,501.00	\$7,501.00	None
11 Payments, 16.67% Down	\$8,824.00	\$1,472.63	9 payments of \$747.14 and 1 of \$747.11
11 Payments, 20.0% Down	\$8,824.00	\$1,766.40	10 payments of \$717.76
10 Payments, 20.0% Down	\$8,824.00	\$1,766.40	8 payments of \$796.18 and 1 of \$796.16
6 Pay, Seasonal, 20.0% Down	\$8,824.00	\$1,766.40	5 payments of \$1,423.52
10 Payments, 25.0% Down	\$8,824.00	\$2,207.50	8 payments of \$747.17 and 1 of \$747.14
4 Pay, Seasonal, 25.0% Down	\$8,824.00	\$2,207.50	3 payments of \$2,217.50
4 Pay, Quarterly, 25.0% Down	\$8,824.00	\$2,207.50	3 payments of \$2,217.50
2 Payments, 50.0% Down	\$8,824.00	\$4,413.00	1 payment of \$4,423.00
Outside Premium Financing	\$8,824.00	\$8,824.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-864-533-3350. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
TAYLOR SMITH	6	6	
CORBY SMITH		6	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$7,011
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			163
Bodily Injury	\$750,000 combined single limit		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			170
Bodily Injury	\$750,000 combined single limit		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		28
Comprehensive			169
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			762
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			57
See Auto Coverage Schedule			
Roadside Assistance			50
See Auto Coverage Schedule			
Subtotal policy premium			\$8,410
UM Fund Fee			2
Total 12 month policy premium and fees			\$8,412

Auto coverage schedule

1. **2003 FORD F150** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **1FTRW08L93K054547** Garaging Zip Code: 29651 Radius: 100 miles
Personal use: Y Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	UM Premium	Med Pay Premium	
	\$7011	\$163	\$170	\$28	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$500/\$0	\$169	\$500	\$762	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$30 per day Max \$900	\$57	Selected	\$50	\$8,410

Premium discount

Policy

Electronic Funds Transfer

Form QUOTE (03/17)

Filing ID: 210210-0847433

Filing Date: 02/09/2021

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Dad Bod Moving LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
216b Pine Street Extension

(Street Address)

Greer, South Carolina 29651

(City, State, Zip Code)

3. The initial agent for service of process is

Registered Agents Inc.

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
6650 Rivers Ave. STE 100

(Street Address)

Charleston

South Carolina 29408

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Stephen Taylor Smith

(Name)

216b Pine Street Extension

(Street Address)

Greer, South Carolina 29651

(City, State, Zip Code)

Dad Bod Moving LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Stephen Taylor Smith

Signature of Organizer

Date: 02/09/2021

Signature of Organizer

Date: _____

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Dad Bod Moving LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 9th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 21st day
of July, 2021.


Mark Hammond, Secretary of State